

**OFFICE OF TRAUMA
PERFORMANCE IMPROVEMENT COMMITTEE
PHONE CONFERENCE AGENDA**

DATE: 6/1/2012

TIME: 10:00 am – 11:30 am

Attendees: Carma Harvey, Tony Jacobs, Susan McDevitt, Janet Collins, Brittney Aucutt, Scott Brannon, Dr. Pam Pieper, Dr. Byers, All Children's, Baptist Hospital, Bayfront Medical, Bayonet Point, Blake Medical, Broward General, Delray Medical, Halifax Medical, Holmes Regional, Lakeland Regional, Lawnwood Medical, Lee Memorial, Memorial Regional, Miami Children's, North Broward Medical, Ocala Regional, Orange Park, Orlando Regional, Shands Jacksonville, Shands UF, St. Joseph's Hospital, Tampa General, Tallahassee Memorial

Office of Trauma

- Updates & Discussions
 - Janet Collins provided an overview of the proposed structure for the new Division of Emergency Preparedness and Community Support, which includes the new Bureau of Emergency Medical Oversight, along with the Bureau of Preparedness and Response, Bureau of Laboratories, Bureau of Pharmacy, and the Bureau of Radiation Control. The Bureau of Emergency Medical Oversight will include EMS, Office of Injury Prevention, Brain and Spinal Cord Injury Program and the Office of Trauma.
 - The Office of Trauma has advertised or will re-advertise the following positions
 - a. Social Services Manager- closes June 14, 2012
 - b. Biological Scientist IV- to be re-advertised
 - c. Community Health Nursing Consultant - closed 5/31/2012
 - Annual Report- Notice/Guideline was sent to all the trauma centers with a deadline of July 13, 2012.
 - Advisory Council appointments will be reviewed in mid - July with Dr. Karanbir Gill, State Trauma Medical Director. However, we still need a trauma medical director of a pediatric trauma center to apply. The Office of Trauma's goal is to have the appointments finalized by Dr. John Armstrong, State Surgeon General, by the end of July or early August

II. Office of Injury Prevention updates- Lisa VanderWerf-Hourigan

- No updates provided

III. Registry Updates:

- **Update status of hospital discharge date task from AFTC/COT--** Still pending per Melissa Cole.
- **DOA and Complication List- Finalized**
 - DOA: Any trauma patient arriving to the trauma center without signs of life and does not regain signs of life, regardless of the intervention in the Emergency Department, shall be classified for quality reporting purposes to the DOH, as a DOA. [A patient with no signs of life is defined by the National Trauma Data Bank (NTDB) and is accepted by the Association of the Florida Trauma Coordinators (AFTC) as having none of the following: organized EKG activity, pupillary responses, spontaneous respiratory attempts or movement, and unassisted blood pressure. This usually implies the patient was brought to the ED with CPR in progress:]

- Complication List: Agreed to conform to the National Trauma Data Standard list

It was agreed upon that these changes would not be implemented until January 1, 2013.

- **Update status on the 2010 data load into the data warehouse** - Three (3) hospitals data load still pending. The Office of Trauma is working with the hospitals and the software vendors to resolve issues that are hindering the files to load into the data warehouse.
- **BSCIP Referral status**- Removing data element from the NGTR data dictionary which we hope to implement in January 2013.
- **Data submission updates**
 - % of 2011 data submissions received
 - Request 2011 Resubmission

As soon as software vendors have implemented the necessary changes as discussed on previous vendor/trauma center and resubmitted 2011 data, we will begin the “load” process and validation of the 2011 data. (Impending start date 6/1/2012.)

Trauma One has sent patch to their clients
NTRACS users are not affected

- **2012 1st quarter due 7/1/2012**
- **Compliance Reports**- 2010 reports in progress.
- **NGTR project update**- Brittney Aucutt
 - The Office of Trauma, Registry Unit has weekly conference calls with Digital Innovation in preparation of the new state registry system (Next Generation Trauma Registry [NGTR]). During these calls some minor changes/tweaking of the system will have a trickle affect on the new data dictionary which we will outline and go over during the final workshop (TBA).
 - **Question:** Will there be the capability to query the data for clinical purpose? **Answer:** Capability will be available for the individual facility to review their own data and after the current data is loaded and the previous data that can be utilized there will be a process and *Data Request Form* for permission to review some of the report modules.
- **Data Dictionary Review Issues**
 - Readmission: OFT needs to define readmissions and review the ACS definition.
 - a. How are readmissions linked & recorded in the registry?
 - If the patient was admitted to the hospital, trauma registrars/staff liaison reviews several hospital records such as rosters/reports for previous trauma patients and the admit status to determine if it is a trauma readmission.
 - b. When is not counted/tracked as a readmission?
 - If patient is returning for outpatient/follow up treatment.
 - c. Initial visit doesn't meet “inclusion” criteria- are there cases where the readmission would? If so, would the initial visit be included in the submission?
 - If patient returned and was admitted due to a missed injury from the first visit this is not a readmission, but a performance improvement issue to be reviewed.
 - Some of the hospitals only follow one readmission within 30 days of discharge while a few resets that 30 day window with each readmission.
 - d. If patient's initial treatment was received at another hospital, but comes to your facility-is this a readmission?
 - No, this is an Initial visit for this current facility.

- Referring Hospital- How is the referring hospital's name entered into the registry; free text or list?
 - a. Most uses a self generated define list, but agree that getting a current comprehensive list from AHCA would be ideal, but we need to find out:
 - How often is AHCA list updated and would current maintenance agreements cover the updates with the individual software vendors?
 - Which number is the represent the individual facility and not the corporate: AHCA or Medicare?
 - How to define out of state/countries hospitals?
- EMS procedures-NEMSIS list
 - Define the mandatory choices.
- Procedure location-endoscopy? Okay to keep endoscopy as a location.
 - a. Results change options to negative, positive, undetermined and add "NA"
- Results recorded for all procedures?
 - The Office of Trauma needs to define if results for all procedures are to be captured or just all ED procedures and certain ones done in hospital.

IV. Open Discussion-

- Current draft of data dictionary will be distributed as soon as the final version is complete.
- All facilities are should be using the AIS 2005 version as the Office of Trauma purchased the license through each vendor a few years back. If not contact your vendor and have them update it so that we are all using the scoring methodology.

V. Adjournment -*Next meeting*- August 3, 2012